| Application or Docket Number | | | | | | | | | | | 1 | |
|--|--|---|---------------|--------------|-----------------------------|------------------|-------|------------------|--|---------|----------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD 10/6 90 460 | | | | | | | | | | | | 60 |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY | | | | | | | | | | | | |
| TOTAL CLAIMS | | | 14 | | | | | RATE | FEE | 1 | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | Basic Fee | 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | | /4 minus 20= | | • | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 2 minus 3 a | | • | | | X43⇒ | | OR | X86= | |
| MU | LTIPLE DEPEN | DENT CLAIM PF | ESENT | | | | | +145= | | OR | +290= | |
| • If the difference in column 1 is less than zero, enter "o" in column 2 | | | | | | | TOTAL | 385 | OR | TOTAL | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | , | OTHER | THAN |
| (Cotumn 1) (Cotumn 2) (Cotumn 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | YTTTN |
| AMENDMENTA | · | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | ÆST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | · /D | Minus | | 2 0 | -0 | 1 | X\$ 9= | | OR | X\$18= | |
| | Independent | · 2 | Minus | , | 3 | .0 | 1 | X43= | | OR | X86= | |
| 4 | FIRST PRESE | NTATION OF MI | ATIPLE DE | PENDEN | TCLAIM | |] | | | | | |
| | | | | | | | | +145= | / | OR | +290= YOYAL | |
| | | | | | | | | | <u> </u> | OR | ADDIT. FEE | |
| | 4 | (Column 1) | | | mn 2) | (Column 3) | 4 | | | 1 | | 4001 |
| AMENDMENT B | A | REMAINING AFTER AMENDMENT | | NUA PREV | ABER IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 9 | Minus | - 0 | 20 | . / | | X\$ 9- | , | OR | X\$18= | |
| AME | Independent | · 2 | Minus | ••• | 3 | - /_ | 1 | X43= | | OR | X86= | |
| | FIRST PRESE | NTATION OF MI | JUIP CE DE | PENDEN | COUR | | | +145= | | OR | +290= | |
| 11-16-05 | | | | | | | | TOTAL ADDIT, FEE | | OR | YOYAL | |
| | | (Column 1) | | (Coh | ıms 2) | (Column 3 |) | 700111722 | | | | |
| AMENDIMENT C | | CLAIMS REMAINING AFTER | | PREV | HEST MBER TOUSLY | PRESENT EXTRA | 1 | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL FEE |
| | Total | • // | Minus | - ~ | 21) | • . | 1 | X\$ 9= | FEE | OR | X\$18= | 1 55 |
| E E | Independent | . 2 | Minus | ••• | 3 | • | | X43= | /. | | Yes | / |
| 1 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +145= | | OR | - | - |
| * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | - | |
| "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE | | | | | | | | | | | | |
| | The Tighest Hou | nber Previously Pa | id For (Total | or Indepen | dent) is the | e highest numb | ber f | ound in the ap | propriate b | ax in c | obenn 1. | |

FORM PTO-675 (Rev. 1000)

Prizers and Toderson Office, U.S. DEPARTMENT OF COMMERC